

**NOTICE OF DENIAL OR WITHDRAWAL**

Date Mailed \_\_\_\_\_

District Number \_\_\_\_\_

Phone Number \_\_\_\_\_

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COUNTY CASE NUMBER \_\_\_\_\_ CASE I.D. \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

AID PROGRAM CATEGORY \_\_\_\_\_

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This is to notify you that your application for \_\_\_\_\_  
\_\_\_\_\_ has been \_\_\_\_\_.

The reason for this action is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The state regulations applied to make this decision are found in:

\_\_\_\_\_.

If you do not agree with this decision, you may ask for a hearing.

If you want a hearing, you must ask for it within sixty (60)

calendar days from the date of this letter. The last day on which you

may ask for a hearing is \_\_\_\_\_.

Your appeal rights are explained in the information included with this form.